



# South Dakota Board of Nursing

South Dakota Department of Health  
 4305 S. Louise Avenue Suite 201; Sioux Falls, SD 57106-3115  
 (605) 362-2760; Fax: 362-2768; www.state.sd.us/doh/nursing

Medication Administration Training Program for Unlicensed Assistive Personnel  
**Application for *Initial* Training Program**

Medication administration may be delegated only to those individuals who have successfully completed a training program pursuant to ARSD 20:48:04.01:14. An application along with required documentation must be submitted to the Board of Nursing for approval. Written notice of approval or denial of the application will be issued upon receipt of all required documents.

Send completed application and supporting documentation to: South Dakota Board of Nursing  
 4305 S. Louise Ave., Suite 201  
 Sioux Falls, South Dakota 57106-3115

**Name of Institution:** \_\_\_\_\_

**Name of Primary Instructor:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_ **Fax Number:** \_\_\_\_\_

**E-mail Address of Faculty:** \_\_\_\_\_

1. Qualifications of Faculty/Instructor(s): Attach curriculum vitas, resumes, or work history of registered nurse(s) demonstrating two years of clinical nursing experience.
2. List Faculty and provide licensure information:

| RN Faculty/Instructor Name(s) | RN license |        |                 |   |
|-------------------------------|------------|--------|-----------------|---|
|                               | State      | Number | Expiration Date | Verification<br><small>(Completed by SDBON)</small> |
|                               |            |        |                 |   |
|                               |            |        |                 |   |
|                               |            |        |                 |   |
|                               |            |        |                 |   |

**Name of Medication Administration Course:** \_\_\_\_\_

- The above named course is a standard curriculum previously approved by the Board of Nursing; therefore, you are not required to submit additional curriculum information.
- OR –**
- Submit documentation to provide evidence that the course meets the requirements listed in ARSD 20:48:04.01 13-15:
  - Attach course syllabus that includes the following: 1) Course overview; 2) Course objectives, 3) Content outline; 4) Skills training; 5) Methods of performance evaluation (provide examples - skills checklist); 6) Teaching methodologies; 7) Names of required textbooks; 8) Faculty/instructor ration which does not exceed one faculty to 8 students (1:8) in the clinical setting, and one to one ratio (1:1) as required for the skills performance evaluation.



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- Attach agenda describing program length and distribution of Hours: Minimum of 20 hours to include 16 hours classroom and 4 hours lab instruction (Note: A variety of teaching methods may be utilized in achieving the classroom instruction such as independent study, video instruction etc.)
- Attach curriculum that addresses the following requirements:
  - General information relevant to medication administration:
    - Governmental regulations related to the practice of nursing, the administration of medication, and the storage, administration, and recording of controlled substances;
    - Ethical issues;
    - Terminology, abbreviations, and symbols;
    - Medication administration systems;
    - Forms of medication;
    - Procedures and routes of medication administration (oral, rectal topical, vaginal, inhalation);
    - Medication references;
    - The role of unlicensed assistance personnel in administering medications;
    - The five rights of medication administration: right patient, right medication, right dose, right time, right route; and
    - Infection control policies and procedures
  - An overview of the major categories of medications related to the body systems, including: 1) cardiovascular; 2) endocrine; 3) gastrointestinal; 4) integumentary; 5) musculoskeletal; 6) nervous; 7) reproductive; 8) respiratory; 9) sensory; 10) urinary; and 11) immune.
  - Additional instruction shall include those categories of medications relevant to the health care setting where the unlicensed person will be employed; and
  - Clinical or laboratory instruction for the purpose of demonstration of medication administration and evaluation of individual competence.

**Performance Evaluation:**

- Attach copies of tests used for each unit in the curriculum, including a final test. (A passing score of 85 percent is required on each unit test with an opportunity to retake each test one time. If a student fails on retake, additional instruction is required before further testing is allowed.)
- Attach a copy of a skills performance evaluation
- Attach a copy of the completion certificate which is awarded to a person who has successfully completed the training program. The certificate must include: the name and location of the program, the full name of the student who completed the program, the signature of the faculty member in charge of the course, and the date the certificate was awarded.

**Record retention requirements:**

- Attach examples of forms used to support record retention:
  - Records of each person enrolled in the program, including documentation of performance and the date and reason a student withdrew or the date the student failed or completed the program;
  - Record of each faculty member teaching the program, including qualifications and nursing experience;
  - The curriculum plan and revisions;
  - All tests administered, and
  - A list of graduates of the program who were awarded certificates and the date of the award.

**RN Faculty Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**This section to be completed by the South Dakota Board of Nursing**

|                                  |                          |
|----------------------------------|--------------------------|
| Date Application Received:       | Date Application Denied: |
| Date Approved:                   | Reason for Denial:       |
| Expiration Date of Approval:     |                          |
| Board Representative:            |                          |
| Date Notice Sent to Institution: |                          |